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THE SITUATION OF THE ASSAM TEA GARDEN HOSPITALS AND DELIVERY OF REPRODUCTIVE AND CHILD HEALTH SERVICES: A STUDY OF DHEKIAJULI BLOCK, SONITPUR, ASSAM

Ms. Suchita Topno

Tata Institute of Social Sciences, Mumbai

Abstract

Background: Although there are various reports that show that the tea garden of Assam contributes highly for its high Maternal Mortality Rate (MMR) and alongside equal interventions been taking place for the past several years yet, the situation has not improved much. The health infrastructure and the quality of the healthcare facilities delivered also contribute to this burden. Several studies have shown that only a few tea garden hospitals are functional and only a few have a full-time medical officer and the rest have either visiting Medical Officer or have no doctors at all. Thus, the main objective of this study was to understand the healthcare systems and its responsiveness in tea gardens in delivering the reproductive and child health (RCH) care services; keeping in mind the health status of women and children through the lenses of the medical officers and frontline healthcare worker. Methods: Qualitative research technique was applied for the study. It was carried out through semi-structured interviews, focus group discussions (FGD) and participatory observations. Three different interview guide was prepared for in-depth interviews and FGDs. For the in-depth interview total of 22 interviews were conducted; N = 15 with tea garden women respondents, N = 7 with medical officers and N = 3 FGDs were carried out. Those women who had their last delivery anytime within the last two years were chosen. Results: The situation of the tea garden hospitals was found to be low in quality and the community health workers too faced immense burdened in delivering the RCH services. The reason for the same was found in four broad themes after the thematic analysis. They are – i) Negligence to healthcare and its implementation in the tea gardens; ii) PPP model: a failure in the tea gardens; iii) Challenges of community health workers in the tea garden and iv) Suggestions for improving the healthcare sector and RCH programs in tea gardens. Conclusions: There are interventions that are functional but it has not shown the desired results, not much positive response from the people residing in the tea garden neither from the healthcare providers working in and around the area. To bridge this gap, efforts should be made to address and

acknowledge the health of women and children, the RCH programs and implementation, monitoring, and evaluation of the healthcare services available in the tea gardens should be timely reviewed.

Keywords: Healthcare, Reproductive and Child Health Program, Hospital care.

Introduction:

India as a developing nation has comparatively more rural than urban areas and post-independence the healthcare systems have primarily been focusing on improving the health status of the rural population by implementing different policies and programs. No doubt the programs and policies have achieved several turning points in the healthcare sector but the results are not as satisfying when we see the current maternal mortality rate (MMR), Infant mortality rate (IMR) and level of malnutrition in the rural areas. The reason is the lack of skilled human resources, lack of infrastructure, quality health care services and poor implementation of the services, accessibility, and feasibility. According to the Report of the expert committee on tribal health (2018), among the rural populations, about 89.97% are the tribal which accounts for 8.6% of the country's population. These tribal populations have been the most deprived sections of the society in terms of quality healthcare services.

A similar condition is seen in the tea gardens of Assam, where the inhabitants mostly the tribal population. The study by Singh, Narain, and Kumar (2006) stated that the Adivasis were brought by the Britishers as cheap laborers to work in the tea gardens mainly from the Chotanagpur regions during 1860 – 90s. They belong to different groups such as Munda, Kharia, Orang, Santhali, etc and they are almost 20% of Assam's total population contributing largely to the tea industry of Assam. According to Singh, Narain, and Kumar (2006), the tea industry is labor-oriented and has minimum facilities for the laborers. Their health and economic conditions are neglected since the colonial period and this has further pushed their social status and the exploitation and negligence can still be witnessed. Moreover, the reproductive and child health (RCH) program have not been beneficial to these group and thus, the health status of Adivasi women and children living in the tea garden also hasn't improved significantly.

According to the Assam Human Development Report, 2014, Assam has seen a remarkable improvement in the overall human development index; however, it is a matter of grave concern that the same is not seen in the health sector. When compared to other States in India, Assam ranks highest in Maternal Mortality Rates (MMR) and Infant Mortality Rates (IMR). In the year 2014 – 16, the average MMR of the country was 130 per 100000 live births, while the MMR in

Assam was 237. Furthermore, Medhi, Hazarika, Shah & Mahanta (2006) stated that MMR and IMR in Assam are largely contributed by the Adivasi population living in the tea gardens. The Annual Health Survey Report of 2012 – 2013 also stated that the MMR in the tea gardens was 404 compared to other parts of Assam. According to the report published by the Government of Assam (2018) though the State Government implemented different schemes and programs like bringing tea gardens under the Public-Private-Partnership (PPP) Model and introducing the Mobile Medical Unit (MMU) under National Health Mission, the health status hasn't improved much. Furthermore, the situation of the health care sector in the tea garden is not up to mark. about 155 hospitals among the 434 tea garden hospitals have no doctors at all and only 150 tea gardens are brought under the PPP Model. Rehman (2017) mentioned that the frontline workers too face massive challenges and pressure in providing healthcare services in the tea garden areas. Hazarika, Phukan, Sharma, and Das (2017) mentioned that it is an acute time to evaluate the reasons for high MMR, malnutrition, anemic women and also the functioning of the healthcare services in the tea gardens of Assam.

The main objectives of the study were to analyze the functioning of health infrastructure and its accessibility, quality in healthcare service delivery with a major focus on Reproductive and child health, it also tries to highlight and understand the challenges faced by the health care provider.

Methods and Area of Study:

For this study, the 15 tea gardens of the Dhekiajuli block Sonitpur District have been covered. This study tries to understand the healthcare systems in tea gardens and the situation of its hospitals in delivering the maternal health care services; along with it also tries to highlight the health status of women and children through the lenses of the medical officers and frontline healthcare workers. The study included all the 15 tea garden hospitals situated within the tea gardens.

Qualitative research technique was applied for the study. A qualitative approach was chosen for a better understanding of the healthcare services in the tea gardens, the current situation and functioning of the tea garden hospitals and the issues and problems in the implementation of the maternal and child health care services. It was carried out through semi-structured interviews, focus group discussions (FGD) and observations. Three different interview guide was prepared for in-depth interviews and FGDs. For the in-depth interview total of 22 interviews were conducted; N = 15 with tea garden women respondents, N = 7 with medical officers and N = 3 FGDs were carried out. For the in-depth interviews, women respondents in the reproductive age

group of 15 – 49 years, who had their delivery anytime in the last two years, were chosen. The women respondents were selected according to the data received from the tea garden hospital registers and the one with more number of children were chosen for the in-depth interviews. So for each tea garden, one woman was chosen. However, among the 15 tea garden hospitals, only 7 medical officers were interviewed as the rest didn't have any doctors available or two-three tea gardens had one doctor. Three FGDs of community health workers including the Auxiliary Nurse Midwives (ANM), Accredited Social Health Activist (ASHA) and the Anganwadi workers, were conducted and each FGD was had, 10 members. For the analysis, the inductive method was used.

The in-depth interviews with the selected women respondents were done to get an understanding of the accessibility and feasibility that they have in receiving the maternal and child health care services from the tea garden hospitals and also their utilization pattern. On the other hand, the in-depth interviews with the medical officers were conducted to know the overall health status of women and children in the tea gardens and the maternal services available and suggestions for improvements for the better health status of women and children in the tea gardens. Thirdly, the FGDs were conducted to gather information on the challenges they face in delivering the health care services, situation of the tea garden hospitals, positive and negative impacts of referral systems under National Health Mission (NHM), status of Institutional delivery, antenatal checkups (ANC), availability of resources, situation of the tea garden women and children, perceptions regarding the health care services available and the reality, tea garden management's and governments response in prioritizing and delivering the healthcare services and suggestions for improvement of maternal and child health services.

When the FGDs were conducted, it was made sure that one of each ANM, ASHA, and Anganwadi workers were present. Before the FGDs began, all the participants were explained for the group and the research topic too was explained in brief. Each participant was encouraged for their individual ideas and suggestions regarding the same. The FGDs were recorded and notes were also taken. The FGDs were conducted in a suitable location decided by the members themselves. After the FGDs and in-depth interviews were done, they were transcribed and for the analysis, the inductive method was used. Accordingly, the in-depth interviews of 15 mothers were compared with each other, 7 medical officers were compared and also the three FGDs were compared. After the comparison, it was found that most of the responses were similar. Hence, after comparison themes and sub-themes were surfaced and finally, the coding was done.

For all the in-depth interviews and FGDs both verbal and written consent were taken before the interviews could be recorded. In-depth interviews for women respondents were done at their homes and for the medical officers; it was conducted in the hospitals according to their convenient time.

Overview of the tea gardens:

The studied 15 tea gardens are – Dhekiajuli Tea estate, Narayanpur Tea Estate, Tinkhuria – Dhirai - Julia Tea Estate, Dibrudarang Tea Estate, Sapoi Tea Estate, Monmohinipur Tea Estate, Shyamaguri Tea Estate, Borsola Tea Estate, Panbari Tea Estate, Monabag Tea Estate, Belsiri Tea Estate, and Hugrajuli Tea Estate. The nearest town to all these tea gardens is Dhekiajuli and the nearest government hospital is Dhekiajuli Civil Hospital and the Tezpur Medical College. These tea gardens are within about 2km - 20 km distance from Dhekiajuli town. The population of this tea garden is estimated to be about 43,450.

Results:

Though there has been an implementation of RCH programs but the desired results are not up to the mark, the health status of women and children hasn't improved much. The hospitals are in pathetic condition. Nevertheless, the tea gardens nearer to the Dhekiajuli town had comparatively better health status over the remote ones. The location of tea gardens has a major impact on the implementation of any scheme or program. The rate of anemic girls is still rising impacting maternal health during pregnancy and post-delivery. Antenatal care checkups and institutional deliveries have considerably been increased over the years but yet there are some sections of the women who prefer home delivery. There are few women who still do not prefer availing the health facilities and healthcare services in the tea garden hospitals because the health services rendered are not satisfactory. Nonetheless, the efforts of nurses and the community health workers cannot be ignored since they play a crucial role in decreasing maternal mortality and in improving the health status of both mother and children. Most of the tea garden authorities do not prioritize health; it's considered as a secondary thing. Moreover, considering the present status of MMR and IMR in the tea gardens, the State Government has introduced special schemes and programs like the Wage Compensation Schemes, Free Drug Scheme, even the PPP Model has been established and yet, there is a huge gap in terms of implementation, lack of proper monitoring and evaluation of the health system, poor infrastructure, shortage in medical equipment and human resource. Moreover, irregular and insufficient drug supply, poor ambulance service, non- functional MMU adds to the burden. The community health workers, on

the other hand, have to attain and address the needs of the large population with limited resources adding to their burden. It is noted that the tea garden had recorded three-four maternal deaths and infant deaths in the past one-two years, and malnutrition is increasingly high which contributes to the double burden. Due to the large and scattered geographical area of the tea gardens in the Dhekiajuli blocks the community health workers, especially the ASHAs face a lot of problems in providing health care services to the people. Since, the conditions of the hospitals are pathetic, only vaccination can be given the rest of the facilities cannot be availed. Cases of mistreatment by the healthcare providers are one of the main reasons for the community people to not utilize or avail the healthcare services. There is an acute need for skilled human resources. The scarcity of skilled personals in the hospitals is one of the major reasons for people not using the hospital's services resulting in direct visits to the private or public hospitals outside the vicinity or use traditional methods for any health issues incurring them high out-of-pocket expenditure. It is found that the labor rooms are not properly used but it's only for show. There are cases that the women were directly referred to government hospitals even if they were fit for normal deliveries. Due to poor ambulance service, the utilization of healthcare services is lesser, which therefore needs utmost attention. With the hectic working schedule of the garden workers, especially the women workers don't get enough time to think about their health and their children's health, therefore, awareness and educating them about health issues and health promotion are important. The community health workers also find it difficult to reach out to pregnant women as they are always at work. Thus, the tea garden management should prioritize the health condition of the tea garden women.

Discussions:

The present study tries to bring to focus on the situation of healthcare services under NHM, the State Government of Assam, different schemes like the wage compensation schemes, the MMU service, the free drug schemes, etc are not fully functional in the tea gardens. In the study, it was found that women in the tea gardens have submitted their documents for the wage compensation schemes, launched in 2019, but till now no one has received financial assistance. Under the PPP model, it was promised that the infrastructure of the tea garden hospitals would be improved and skilled professionals would be recruited but the conditions of the tea garden hospital are not in a state that people feel confident to receive the healthcare services. It was found that among the 15 tea gardens, there were 7 doctors available, others have visiting doctors or no doctors at all and only two tea gardens have doctors with MBBS degree. The ASHA workers are also not equally

distributed in the tea gardens according to the norms of NRHM, some of them are in the ratio of more than 1000 population. In some of the lanes of tea gardens, there are no ASHA workers at all.

For the women respondents, only one woman was chosen from each tea garden and therefore, the result might not be representative of the population of the tea gardens, but it tried to include all the tea garden hospitals and conducted three FGDs where the members were from all over the tea gardens. Therefore, the study tried to provide essential inputs that could bring out information regarding the health status of the tea gardens.

As for population who has been neglected for ages, their health condition is continuously neglected to date. Although the healthcare sector in the developing societies in Assam is moving to a better phase, the situation in the tea gardens has not improved much. The Government of Assam Report (2017), stated that there are not enough drugs and medical equipment in the remote health centers including the tea gardens resulting in direct or indirect maternal deaths in the tea gardens. The shortage of skilled human resources in the hospital settings was also mentioned in the reports. This study also highlights the perceptions of tea garden women in receiving the health facilities from the hospitals; some also prefer home deliveries more than the institutional deliveries in the fear of not getting quality care, delay in treatment and high out-of-pocket expenditure. Thereby, creating a tough situation for the community health workers, who already are heavily burdened but have to carry out their work with limited resources.

Moreover, through the PPP model, it is certain that the tea garden has been able to provide broad range of health services to the people like equal medical treatment to both the permanent and seasonal tea garden workers, initiation of referral systems, etc but it could have been more successful if there were proper implementations and monitoring of the programs and schemes that were implemented. Moreover, people in the tea gardens getting meager weekly wages don't dare to visit even the government hospitals so they rely on the services of the tea garden hospitals but the health services are not implemented well. The medical officers of the tea gardens which are under the PPP Model feel that monitoring and evaluation are needed and strong decisions should be immediately taken.

Conclusions:

The situation of tea gardens of Assam has witnessed change and progress in the healthcare sector and health status has been improved but the progress is very slow. To make the population pace up with other populations of the society, immediate interventions should be taken. Even though

there are interventions that are already in functions but it is not up to the mark and thus, there is not much positive response from not only the tea garden population but also from the healthcare professional and community health workers in and outside the tea gardens. To bridge up this gap, efforts should be made to bring a systematic review of the health of women and children, the RCH programs and implementation, monitoring, and evaluation of the healthcare services available in the tea gardens.

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